



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
www.uspto.gov

BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 4495

SERIAL NUMBER 10/010,410	FILING OR 371(c) DATE 12/05/2001 RULE	CLASS 128	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. LMND.P116
-----------------------------	--	--------------	------------------------	-------------------------------------

APPLICANTS

Kurt D. Sparks, Palo Alto, CA;
 Jeffrey L. Emery, San Mateo, CA;
 Brent D. Seybold, Santa Clara, CA;
 David J. Kupiecki, San Francisco, CA;
 C. Danielle Pinson, Mountain View, CA;
 Allen W. Madsen, San Jose, CA;
 Michael D. Keleher, Fremont, CA;
 Sergio Salinas, Redwood City, CA;
 Benjamin J. Clark, Redwood City, CA;
 Matthew R. Selmon, Atherton, CA;

** CONTINUING DATA *****

This appln claims benefit of 60/251,756 12/05/2000
 and claims benefit of 60/255,729 12/14/2000
 and claims benefit of 60/263,350 01/22/2001
 and claims benefit of 60/263,397 01/22/2001
 and claims benefit of 60/263,579 01/22/2001
 and claims benefit of 60/263,580 01/22/2001
 and claims benefit of 60/263,589 01/22/2001
 and claims benefit of 60/268,263 02/12/2001
 and claims benefit of 60/301,537 06/27/2001
 and claims benefit of 60/329,936 10/17/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/17/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 65	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

53186

TITLE

CATHETER SYSTEM FOR VASCULAR RE-ENTRY FROM A SUB-INTIMAL SPACE

- | |
|---|
| <input type="checkbox"/> All Fees |
| <input type="checkbox"/> 1.16 Fees (Filing) |

FILING FEE
RECEIVED
2266

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

- | |
|--|
| <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| <input type="checkbox"/> 1.18 Fees (Issue) |
| <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Credit |